

# Section II

## Eligibility Policies and Procedures

**Purpose:** Section II assists the contractor with the screening and eligibility determination process for Title V genetic services.

### Screening and Eligibility Determination Policies and Processes

Contractors must have written policies and procedures for determining Title V eligibility. The contractor may adopt the FY08 Title V Genetic Fee-For-Services Policy and Procedures Manual, and any revisions, for this purpose, or write their own eligibility policy and procedures, based on requirements outlined in the manual.

The eligibility process includes two steps:

- 1. Screening and Eligibility Determination** – this step includes:
  - Completion of the Screening and Eligibility Determination Form for Medical Services Assistance, by both the applicant and the contractor or contractor staff (see Section V for form and instructions);
  - Submission by the client of required documentation of family composition, residency and income;
  - Referral to other program(s) or funding sources, if appropriate;
  - Determination of eligibility; and
  - Completion of the Statement of Applicant's Rights and Responsibilities (see Section V for form).
- 2. Annual Re-Certification** – this step is the annual eligibility review, which is prompted by the anniversary date the client was deemed eligible for Title V genetic services.

Eligibility for Title V genetic services is exclusive of eligibility for other medical assistance programs providing funding for the same services. If an individual screens as potentially eligible for Medicaid, CHIP or another funding source, the individual must be referred to that program/funding source. If the individual is denied eligibility by the other program(s), he/she may continue the eligibility determination process for Title V services. Letters denying eligibility for other programs or funding sources must be kept in the client record.

### Required Forms to Use for Screening and Eligibility Determination

Two documents are used in the eligibility determination process:

- 1. Screening and Eligibility Determination Form for Medical Services Assistance**
  - the applicant or parent/guardian (in the case of a minor child) is responsible for completing and signing page one of the form. Contractor staff should provide assistance as needed in completing the form, and make sure the form is

completed correctly and signed and dated by the applicant or applicant's parent/guardian. The applicant is responsible for providing documented evidence of eligibility, if requested by the provider. Failure to provide the requested information will result in denial of eligibility. Page two of the Screening and Eligibility Determination Form for Medical Services Assistance is completed, signed and dated by the contractor or contractor staff.

- 2. Statement of Applicant's Rights and Responsibilities** – after the client has an opportunity to read through the Statement of Applicant's Rights and Responsibilities, the form must be signed and dated by both the applicant and the contractor or contractor staff. Both the Screening and Eligibility Determination Form for Medical Services Assistance and the Applicant's Rights and Responsibilities must be kept in the client record. The client also shall be given a copy of the two completed, signed, and dated forms.

### **Eligibility Criteria**

For an individual to receive Title V genetic services, three (3) criteria must be met:

1. Gross family income at or below 185% of the most current Federal Poverty Income Level (FPL);
2. Texas resident; and
3. Not eligible for other programs/benefits providing the same services.

In determining whether the eligibility criteria are met, contractor staff must look at the applicant's family composition, residency, and income.

### **Family Composition**

Establishing family size is an important step in the eligibility process. Assessment of income eligibility relies on an accurate count of family members.

**Definition:** A family is defined as a group of people who live together, with one or more of the persons being legally responsible for support of the other person(s).

### **Children Living with Relatives Other Than Parents**

A child may be considered part of a family when living with relatives other than natural parents if documentation can be provided that proves the dependent relationship. If the child is not biologically related to the care provider, contractor staff should document the relationship on the Screening and Eligibility Form.

## Section II – Chapter 1 – Applicant Screening and Eligibility Determination

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**Documentation:** For proof of dependency, one of the following items should be provided:

- Birth certificate;
- Baptismal certificate;
- School record; or
- Other documents or proof of dependency, such as the most current income tax return, determined valid by the provider to establish the dependency of the family member upon the client or household head.

### **Residency**

**Definition:** A Texas resident is an individual who:

- Is physically present within the geographic boundaries of the state,
- Has intent to remain within the state, whether permanently or for an indefinite period,
- Does not claim residency in any other state or country, and
- If under 18 years of age, the parent/guardian is a resident of Texas.

There is no requirement regarding the length of time an individual must live in Texas to establish residency for the purposes of Title V eligibility.

### **Ineligible Individuals**

Although the following individuals may reside in Texas, they are not considered Texas residents for the purpose of receiving genetic services and are considered ineligible for the program:

- ✗ Persons who move into the state solely for the purpose of obtaining health care services;
- ✗ Students primarily supported by their parents, whose home residence is in another state;
- ✗ Inmates of correctional facilities;
- ✗ Residents of state or federal schools; and
- ✗ Patients in federal institutions or state psychiatric hospitals.

**Documentation:** One of the following items is required to prove residency:

- Valid Texas Driver's License;
- Current voter registration;
- Rent or utility receipts for one month prior to the month of application;
- Motor vehicle registration;
- School records;

## Section II – Chapter 1 – Applicant Screening and Eligibility Determination

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- Medical cards or other similar benefit cards;
- Property tax receipt;
- Mail addressed to the applicant, his/her spouse, or children if they live together; or
- Other documents considered valid by the contractor.

### Income

To be eligible for Title V, applicants must have a gross family income at or below 185% of the most current FPL.

**Definition:** Income is any type of payment that is of gain to a family. It can be either earned or unearned.

TYPES OF FAMILY INCOME		
Counted		Not Counted
Earned	Unearned	Exempt
-Wages and salaries -Self-employment income (minus business expenses) -Military pay and allowances (housing, food, base, flight, and hazardous duty pay)	-Alimony support -Child support payments -Disability insurance benefits -Dividends, interest, and royalties -Educational benefits -Income from property -Pensions and annuities -Reimbursements (minus actual expenses) -Social Security -Unemployment compensation -Temporary Assistance for Needy Families (TANF) -Veteran's Administration (VA) Benefits -Worker's compensation	-Dependent child's earned income -Bank accounts, vehicles, real estate -Energy assistance -Reimbursement expenses -Foster care -In-kind income -Education assistance -Payments from Title II of the amended Domestic Volunteer Services Act of 1973 -One-time payments (sale of property, gifts, tax refunds) -Food Stamp, School Lunch, WIC program benefits -Nutrition Program for the Elderly -Uniform Relocation Assistance & Real Property Acquisitions Act benefits -Funds from Indian Claims Commission under Pubic Laws 92-254 or 93-135

**Documentation:** All sources of earned and unearned income are documented.

- Copies of the most recent paychecks or paycheck stub/monthly employment earnings statements for four consecutive pay periods,
- Employer's written verification of gross monthly income,

- Pension allotment award letters,
- Domestic relation printouts of child support payments,
- Unemployment benefits statement or letter from the Texas Workforce Commission,
- Award letters, court orders or public decree to verify support payments,
- Notes for cash contributions, and
- Other documents or proof of income determined valid by the contractor.

### **Eligibility Determination**

Eligibility determination criteria are income (in relation to family size), residence, and ineligibility for other programs providing the same services. The final determination of eligibility for Title V genetic services is made by the provider using the information provided on the Screening and Eligibility Determination Form for Medical Services Assistance, supporting documentation and, if necessary, information provided during an interview. The contractor must consider each eligibility factor and document the basis for the eligibility decision on the Screening and Eligibility Form for Medical Services Assistance. The contractor/contractor staff must sign and date the Screening and Eligibility Form for Medical Services Assistance, provide a copy of both pages 1 and 2 to the client, and retain the originals in the client record.

Upon approving an application, the contractor must review with the client, the Statement of Applicant's Rights and Responsibilities. The statement should then be signed and dated by the client and contractor staff, a copy given to the client, and a copy filed in the client's medical record. This form does not have to be signed again unless there is a break in services longer than two years.

### **Appeal of Eligibility Decision**

Individuals and families may appeal to DSHS regarding their eligibility determination for Title V services, if they feel that information was incorrectly considered. Applicants may submit additional information to establish eligibility, or repeat the application process.

### **Date Eligibility Begins**

An individual is entitled to services beginning on the date the completed application was submitted, provided it is approved.

### **Presumptive Eligibility**

Individuals with **an immediate medical need** may receive Title V funded services on a presumptive eligibility basis during the time that they are pending eligibility for Title V or another program. Presumptive eligibility is effective for no more than 90 days from the date first seen by the provider. The individual should be at or below 185% of the FPL, a Texas resident, and have an immediate medical need as determined by the provider. The Presumptive Eligibility Form must be completed, signed, and dated by both the applicant and contractor staff. The Statement of Applicant's Rights and Responsibilities must be reviewed, signed, and dated by both the applicant and contractor staff. These forms must be retained in the client's record, and a copy of each must be provided to the client. A client shall be enrolled on a presumptive eligibility basis only once in a 12-month period.

Once the applicant is able, he/she must complete the eligibility determination process. If deemed eligible for another program/funding source, the contractor shall bill that resource for services provided, where allowable, and deduct this amount from the next purchase voucher submitted to DSHS.

### **Cautions Regarding Eligibility**

#### ***Clients Who Screen Potentially Eligible for Other Benefits***

Contractors must work to ensure that individuals seeking Title V covered services use other programs or benefits first. If individuals are determined potentially eligible for other benefits, providers must refer them to the specific programs and assist them in completing the eligibility determination process. Individuals potentially eligible for Medicaid or CHIP should be referred to the *Your Texas Benefits* website at <https://www.yourtexasbenefits.com/wps/portal> or 2-1-1 for comprehensive Medicaid or CHIP eligibility determination.

#### ***Completing the Eligibility Process***

Individuals applying for Title V assistance may not opt to use Title V services without completing the eligibility determination process for other medical assistance programs for which they screened as potentially eligible. Individuals whose eligibility screening process results in potential Medicaid and/or CHIP eligibility, but who fail to fully complete the required application process for these resources will not be eligible to receive Title V services beyond those services delivered during a 90-day presumptive eligibility period. Providers should make applicants aware that failing or refusing to

## Section II – Chapter 1 – Applicant Screening and Eligibility Determination

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complete the appropriate application processes will result in their determination as self-pay clients.

If an applicant is determined not to be potentially eligible for Medicaid or CHIP, and cannot be determined eligible or potentially eligible for Title V, the applicant's disposition will be at the contractor's discretion. Services provided to these individuals on the initial visit and subsequent visits may not be billed to Title V.

### Annual Re-Certification

The contractor will determine the system used to track client status and renewal for eligibility. Eligibility for Title V must be determined for each individual/family at least once every 12 months.

Eligibility determination also must be repeated upon the occurrence of any factor impacting eligibility, such as a change in pregnancy status, family composition or income, but must be repeated no less than annually for a client to continue to receive Title V funded services.

### Procedures for Annual Re-Certification

At least 30 days prior to the anniversary of their original eligibility date, clients should be notified that they must be re-certified by their anniversary date or lose their benefits until they are re-certified. Contractors should mail notices to clients requesting that the individual or family representative make an appointment to come to the office for re-certification. A new application can be included with the letter to facilitate the process.

For each client being re-certified, contractor staff should assure the client:

- Completes, signs and dates a new Screening and Eligibility Determination Form for Medical Services Assistance. In so doing, the client
  - Screens for potential eligibility of other programs, and
  - Updates/verifies information regarding family composition, residency, and income.

Contractor staff shall assure page 1 of the form is completed correctly, signed and dated by the client. Contractor staff shall complete, sign and date page 2 of the form, documenting client eligibility.

The Statement of Applicant's Rights and Responsibilities need only be signed if there is a break in service of two years or more.



## **Section II – Chapter 1 – Applicant Screening and Eligibility Determination**

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If re-certification has not been completed by the anniversary date, the individual record should be removed from active status and placed in the inactive files. The individual should be notified of the status change.

Eligibility determination must be repeated annually in order for the client to continue to receive Title V funded services. Eligibility determination also must be repeated upon the occurrence of any factor impacting eligibility, such as a change in pregnancy status, family composition or income.

## **Section II – Chapter 2 – Client Responsibilities**

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### **The Applicant's Responsibility in Eligibility Determination**

Applicants are responsible for completing, signing and dating the Screening and Eligibility Determination Form for Medical Services Assistance, and providing documented evidence of family composition, residency, and income, if requested by the contractor. Failure to provide requested documentation will result in denial of eligibility.

### **The Client's Responsibility for Reporting Changes**

Applicants deemed eligible for Title V services must report changes, as they occur, in the following areas:

- Family composition,
- Income,
- Residence,
- Address,
- Employment,
- Medical, hospital, and other types of health insurance coverage, and
- Receipt of Medicaid and/or other third-party coverage benefits.

Individuals may report these changes by mail, telephone, in person, or through someone acting on their behalf. The contractor must document any reported changes in the client's record, determine and advise the client if the changes impact his/her Title V eligibility status.

### **The Contractor's Responsibility in Eligibility Determination**

The contractor must ensure the eligibility process is complete and that the client record includes all appropriate eligibility documentation. The contractor will:

- Accept Screening and Eligibility Determination Form for Medical Services Assistance that has been appropriately completed, recording the date on which it was received;
- Provide assistance if the applicant needs help in completing the Screening and Eligibility Form for Medical Services Assistance;
- Ensure that documentation provided by the applicant is sufficient to make an eligibility decision, or specify an additional source required to make that decision;
- Advise the individual of his/her responsibility to report changes and the types of changes the individual must report for application approval and at each annual review;
- Determine the effect the reported changes have on the client's eligibility by re-screening and revising the client's Screening and Eligibility Form for Medical Services Assistance or completing a new one;
- Document the reported changes and the date of the reported changes in the client's file;
- Inform applicants deemed ineligible for Title V services of their right to appeal the eligibility determination to DSHS if they believe that information was incorrectly considered;
- Provide a copy of the completed Screening and Eligibility Determination Form for Medical Services Assistance and the Statement of Applicant's Rights and Responsibilities, each signed and dated by both the applicant and the contractor; and
- File completed/signed forms, denial letters and appropriate documentation in the client's record.

### **Client Medical Record – General Requirements**

Contractors must ensure that a client medical record is established for every client who obtains genetic services. These records must be maintained according to accepted medical standards and state laws, including those governing record retention.

All client records must be:

- Complete, legible, and accurate, documenting all clinical encounters, in ink.
- Signed by the provider making the entry, including name of provider, provider title and date for each entry.
- Readily accessible to assure continuity of care and availability to client.
- Systematically organized to allow easy documentation and prompt retrieval of information.
- Maintained to safeguard against loss or unauthorized access and to assure confidentiality (complying with HIPAA regulations).
- Secured by lock when not in use.

The client's record must include:

- Client identification and personal data.
- Preferred language/method of communication.
- Plan of care, including education/counseling, treatment, special instructions and referrals.
- Scheduled visits.
- Documentation on follow-up of missed appointments.
- Informed consent documentation.
- Refusal of services documentation.

## **Section II – Chapter 4 – Mandatory Documentation**

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### **Client Medical Record – Title V Requirements**

Each client must have a case record with documentation of eligibility for Title V services, regardless of whether the individual was referred from a Title V Maternal and Child Health (MCH) provider, a non-Title V MCH provider, or is a self-referral.

### **Referred by a Title V MCH Provider**

If a client is referred by a Title V MCH provider, and the client has completed the eligibility process with that provider, the genetic services contractor has two options:

1. The contractor can accept copies of the completed, signed and dated screening and eligibility documentation from the referring provider, or
2. The contractor can repeat the entire eligibility process.

If the contractor selects option 1, he/she must secure copies of the following documents from the referring provider:

A copy of the completed Screening and Eligibility Determination Form for Medical Services Assistance, with the eligibility decision noted on the form. The document must be completed correctly, and signed and dated by the client and referring Title V MCH provider.

A copy of the Statement of Applicant's Rights and Responsibilities, signed and dated by the client and contractor staff.

This documentation must be kept in the client record.

If the contractor cannot secure copies of the client's screening and eligibility documentation, the eligibility determination process must be repeated.

### **Referred Without Documentation and Self-Referrals**

If a client is referred by a Title V MCH provider without the required documentation; is referred from a non-Title V provider; or is a self-referral, the contractor must assure that the client completes the entire eligibility process. The client's record must contain the following eligibility documentation:

A completed Screening and Eligibility Determination Form for Medical Services Assistance, with the eligibility decision documented on the form, signed and dated by the client and contractor staff;

## **Section II – Chapter 4 – Mandatory Documentation**

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A Statement of Applicant's Rights and Responsibilities, signed and dated by the client and contractor staff; and

Copies of acceptable documentation establishing family composition, residency and income;

Copies of denial letters from other programs, if applicable; and

Documentation of reported changes in the client's family composition, residency or income and its impact on eligibility, when applicable.